

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001293

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 19

FILED FEB 6 1962

## 1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Trenton

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

DOA Wright Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO

b. COUNTY GREENE

c. CITY  
OR TOWN

Springfield

Inside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

Route 4

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

LEONARD ERVIN BURTON

4. DATE  
OF DEATH

Month

Day

Year

JANUARY 24 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/16/1905

## 9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

LINER

10b. KIND OF BUSINESS OR INDUSTRY  
SPRINGFIELD  
CAN CO.11. BIRTHPLACE (City and state or country)  
ATLANTA, GA.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

HENRY BURTON

## 13b. MOTHER'S MAIDEN NAME

ADA REESE

## 14. NAME OF HUSBAND OR WIFE

Lillian BURTON

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

B.D. LAWRENCE Springfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Natural Causes

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Death without medical Attendance

20c. TIME OF  
INJURY

Hour

a.m.

p.m.

Month, Day, Year

Death Probably due to Coronary Occlusion

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Donald H. Slater County Coroner

21. I attended the deceased from

JAN 24 - 62

to JAN 24 - 62

and last saw him alive on

Death occurred at

about

10:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Irene Fair

Local Registrar

Trenton Mo

## 22b. ADDRESS

## 22c. DATE SIGNED

1-24-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

REMOVAL

## 23b. DATE

1/24/1962

## 23c. NAME OF CEMETERY OR CREMATORY

ARLINGTON CEMETERY

## 23d. LOCATION (City, State or County)

SPRINGFIELD MO

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

J. Gordon Blackmore Trenton, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-24-62

## 26. REGISTRAR'S SIGNATURE

Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

MAR 29 1962

MAR 15 1962

FEB 15 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.